

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

27656

1. PLACE OF DEATH

County St. Louis
Township Central
City Richmond Heights

Registration District No. 1170

Primary Registration District No. 62484

File No.

Registered No. 165

St. Ward)

2. FULL NAME

(a) Residence, No. 816 Big Bend Blvd.

(Usual place of abode)

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

**5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)**

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Elizabeth Picquet

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

65

9

11

**8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.**

Real Estate
Business

**9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.**

**10. Date deceased last worked at
this occupation (month and
year)**

**11. Total time (years)
spent in this
occupation**

**12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)**

Ma

13. NAME

James Picquet

**14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)**

France

15. MAIDEN NAME

Victoria Schifferstein

**16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)**

France

**17. INFORMANT
(ADDRESS)**

Elizabeth Picquet
816 Big Bend Blvd.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Oak Hill Cemetery DATE Aug 24 1933

**19. UNDERTAKER
(ADDRESS)**

Mullen Hand Co.
5165 Depue Ave.

20. FILED

Aug 23 1933 Bertrude Porter
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Aug 22 1933

22. I HEREBY CERTIFY, That I attended deceased from

Aug 13 1933, to Aug 22 1933

I last saw him alive on Aug 22 1933. Death is said

to have occurred on the date stated above, at 6:10 p m.

The principal cause of death and related causes of importance were as follows:

Encephalitis (Epidemic)

Date of onset
Aug 12

Other contributory causes of importance:

Name of operation

What test confirmed diagnosis? Spinal fluid Date of 10
Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) R. Brent Muesel, M. D.

(Address) 6120 Victoria Ave.

SEP 26 1933

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. R. Brent Murphy
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